

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

Doc
13D\

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if pl names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Thermal Barrier Coating Material

the specification of which

☐ is attached hereto
OR

☐ was filed on _____ as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, and any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regu

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365 (b) of any foreign application or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(s)

Prior

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)

☐ Yes

☐ Yes

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119 (e) of any United States provisional application(s) listed

_____ (Application Number)	_____ (Filing Date)
-------------------------------	------------------------

☐ Additional provide numbers are later supplemental prio attached hereto.

I hereby claim the benefit under Title 35, United States Code §120 of any United States Application(s), or §365 (c) of any international application designating the United States of America, listed below and, insofar as the subject matter of each of this application is not disclosed in the prior United States or PCT International application in the manner provided by the fil of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as c 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the nat international filing date of this application.

_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending,
_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending,

I hereby appoint the registered practitioners associated with Customer Number 006111 to prosecute this appli transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to: _____ at telephone number **219-462-4999**

Address all correspondence to:

Hartman & Hartman, P.C.
552 E. 700 North
Valparaiso IN 46383

Place Customer
Number Bar Code
Label here

OSHA 10/97

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full name: Robert William Bruce

Signature: Robert William Bruce Date: 5/14/02

Residence: Loveland, OH Citizenship: United States

Post Office Address: 221 Woodcrest Dr., Loveland OH, 45140

SECOND JOINT INVENTOR:

Full name: _____
First Name Middle Name Last Name

Signature: _____ Date: _____

Residence: _____ City and State: _____ Citizenship: _____

Post Office Address: _____

THIRD JOINT INVENTOR:

Full name: _____
First Name Middle Name Last Name

Signature: _____ Date: _____

Residence: _____ City and State: _____ Citizenship: _____

Post Office Address: _____

FOURTH JOINT INVENTOR:

Full name: _____
First Name Middle Name Last Name

Signature: _____ Date: _____

Residence: _____ City and State: _____ Citizenship: _____

Post Office Address: _____